

Eisenhower Medical Center Medical Staff: Late Career Practitioner Policy

I. PURPOSE

Clinical excellence is a complex composite of performance in many domains, including, among others, cognitive ability, technical proficiency, communication skills, professional judgment, productivity, and stamina. As individuals age, both the natural aging process and specific medical conditions and medications have the potential to adversely affect the capacity of practitioners to carry out their clinical responsibilities. Given this reality, it is imperative, from the point of view of patient safety as well as physician well-being, to establish a process by which late career clinicians' performance and capacities can be fairly and accurately evaluated. The purpose of this policy is to establish this evaluation process.

Key elements of this policy are to assure high quality care for the patient, to be supportive of the practitioner and to address issues that the individual may not recognize.

The Medical Staff of Eisenhower Medical Center (EMC) adopts this policy in order to:

- Provide patients with medical care of high quality and safety and protect them from harm
- Identify issues that may be pertinent to the health and clinical practice of medical staff members
 - Support members of the medical staff
 - Apply evaluation criteria objectively, equitably, respectfully, and confidentially

II. SCOPE

This policy applies to all members of, and applicants to, the Medical Staff of Eisenhower Medical Staff.

III. POLICY

Any practitioner aged 70 or older who applies for appointment or reappointment to the Medical Staff will complete a health screening that addresses his/her capacity to competently perform the clinical privileges requested. Physicians who are currently on the medical staff who are 70 or older will be asked to complete a health screening every 2 years. In addition, the Credentials Committee may request that any practitioner regardless of age complete a health screening and/or clinical skills assessment.

The health screening must indicate that the practitioner has no detected problem(s) that might interfere with the safe and effective provision of care permitted with the clinical privileges requested for applicants or presently in effect for current members of the medical staff. Adverse findings will be assessed along with other pertinent factors by the applicable Department Chair and Credentials Committee. Under these circumstances, the Department Chair and/or Credentials Committee have the right to request additional information for further evaluation if necessary.

IV. PROCEDURE

A. Components of the health screening: Any practitioner aged 70 or older at the time of his/her application for appointment or reappointment will undergo an evaluation. The Medical Staff Services Department will notify the practitioner of the health screening requirement by this policy.

A comprehensive history and physical examination, to be arranged and paid for by the practitioner using the form provided in Appendix A. The individual performing this examination must be a licensed physician in active practice serving as your primary care physician.

B. Notification to the practitioner will include:

1. A copy of the Late Career Practitioner policy.
2. The date that the results of the health screening is due to the Medical Staff Services Department.

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3. The fact that the health screening is required for the application process and must be completed before completion of the initial application processing, and that a delay in receipt of the completed evaluation material may result in voluntary withdrawal of the application for Medical Staff membership and clinical privileges. Physicians who are currently on the medical staff who are older than 70 will be required to complete the health assessment within in 6 months of their reappointment; otherwise will be administratively suspended for lack of compliance with this policy.

C. Review of health assessment

1. The History and Physical Examination Attestation Form (Appendix A) will be submitted to the Medical Staff Services Department.
2. This information, which will be treated as highly confidential, will be reviewed by the applicable Department Chair/Section Chief and Chair of the Credentials Committee. Additional evaluation and consultation may be sought regarding the interpretation of the results as needed.

D. Outcomes of review

1. If the findings do not identify potential patient care concerns in relation to the expected level of performance of the requested privileges, the results will be maintained by the Medical Staff Services Department, and filed in the credentials file. The appointment process will then proceed as specified in the Medical Staff Bylaws.
2. If the findings identify potential patient care concerns, the Department Chair/Section Chief and the Credentials Committee will, on a confidential basis, evaluate the results and will recommend further evaluation if indicated. The complete evaluation/findings will be maintained by the Medical Staff Services Department in the practitioner's credential file.
 - a. If the Credentials Committee concludes that the practitioner is *not* able to safely and competently perform the privileges requested, either after the initial evaluation or after undergoing further evaluation, a representative of the committee and/or the Department Chair will discuss alternative practice patterns or modification of requested privileges, including the possibility of revocation of privileges, with the practitioner. *The goal of such discussion is to be supportive and respectful of the practitioner and to suggest resources to assist the practitioner.*
 - b. If the committee recommends modification, restriction or revocation of clinical privileges to the MEC, and if that recommendation is approved by the MEC, the practitioner may request a hearing under the Medical Staff Bylaws.

- V. Throughout this process the intent of each step is to protect patient safety, provide support to the practitioner and assist in any resulting changes in practice patterns or transitions. This process is also available to individual practitioners who, on their own, express concerns. Inquiries by such practitioners should be directed to the President of the Medical Staff or designee.

VI. APPENDICES

- *Appendix A – History and Physical Examination: General Information and Attestation Form*

New: 08/2017
MEC: 10/12/2017
BOD: 10/31/2017

Appendix A
History and Physical Examination for Late Career Practitioners

NOTE TO THE EXAMINING PHYSICIAN:

The Medical Staff of Eisenhower Medical Center, as a part of their efforts to protect both patients and practitioners, require a comprehensive history and physical examination of practitioners applying or reapplying for clinical privileges beyond a certain age. Important components of this assessment include a review of systems that addresses functional status, and comprehensive sensory examinations including tests of hearing, visual acuity with eye chart and exam, and a thorough neurological exam. The elements of the examination should be modified as appropriate to address the age, clinical condition, medical problems and the clinical privileges requested by the practitioner. *Therefore, please be sure to review the practitioner's requested privileges before conducting your examination.*

In order to respect the confidentiality of the practitioner's medical information, please submit the form attached to this document when sending the results of your examination to the EMC Medical Staff office. As noted on the form, the Medical Staff is only interested in, and should only receive a detailed report on, those aspects of the practitioner's health, if any, that have the potential to adversely affect the practitioner's ability to safely perform the requested privileges, or that document his/her ability to do so.

You may supply additional information that you feel would be helpful to the Medical Staff in this assessment.

Practitioner's Name: _____

Requested Clinical Privileges: See attached Clinical Privileges Delineation Checklist

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History and Physical Attestation Form

Practitioner's Name: _____

Requested Clinical Privileges: See attached Clinical Privileges Delineation Checklist

I attest that I have performed a comprehensive history and physical examination on this practitioner, and that I have reviewed the clinical privileges requested by this practitioner.

In the history and physical examination the practitioner has no apparent findings that would necessarily preclude him/her from performing the privileges requested.

Agree: _____ Disagree: _____ If disagree, please elaborate below

In tests and studies performed on this practitioner, he/she has no apparent findings that would necessarily preclude him/her from performing the privileges requested.

Agree: _____ Disagree: _____ If disagree, please elaborate below

Do you have any recommendations for further study or evaluation?

No: _____ Yes: _____ If yes, please elaborate below

Additional Comments:

Name: _____ **Specialty:** _____

Signature: _____ **Date:** _____